

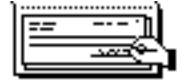


Cuesta College Federation of Teachers

LOCAL 4909

STRENGTH THROUGH UNITY

Reimbursement Request Form



1. Complete the entire form below. Please write neatly.
2. Attach all receipts, invoices, explanations, etc.*
3. Mail to Melanie Senn at PO Box 8106 San Luis Obispo, CA 93403-8106

Please issue a check in the amount of \$ _____

Payable to: _____

Mailing Address: _____

City, State ZIP: _____

Day Phone: _____

Authorized by: _____

(May be authorized only by a CCFT officer or Executive Board committee chairperson.)

For what CCFT activity was this expenditure used? _____

Itemize expenses by category. Include all receipts, except for meals:* _____

Your signature: _____

*A check will not be issued without receipts. Air fare will be reimbursed at the coach rate. Mileage will be reimbursed at the current IRS rate, up to standard air fare for the same distance. Meal reimbursement rate is \$60 per day maximum.

Treasurer's Use Only:

Categories: _____ Paid by Check No.: _____

Date Issued: _____